

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. H9876.0074/P074

First Inventor Shinichi Furuhashi

Title COMMUNICATION GAME EQUIPMENT

Express Mail Label No.

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original, and a duplicate for fee processing)*
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages 17]
- (preferred arrangement set forth below)*
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (*if filed*)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 9]
5. Oath or Declaration [Total Sheets ]
- a.  Newly executed (original or copy)
- b.  Copy from a prior application (37 CFR 1.63(d))  
*(for continuation/divisional with Box 18 completed)*
- i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**  
 MS Patent Application  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all necessary)*
- a.  Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i.  CD-ROM or CD-R (2 copies); or ii.  Paper
- c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement  Power of Attorney  
*(when there is an assignee)*
11.  English Translation Document (*if applicable*)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*
16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: **Claim for Priority**

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

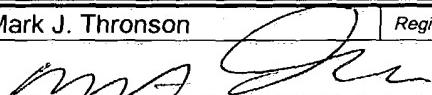
Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24998	<input checked="" type="checkbox"/> Correspondence address below
---	-------	--

Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico				
Address	2101 L Street NW				
City	Washington	State	DC	Zip Code	20037-1526
Country	US	Telephone	(202) 785-9700		Fax (202) 887-0689

Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082
Signature			Date July 22, 2003

10/624508  
15339  
U.S. PTO  
07/23/03



13281 U.S. PTO  
07/23/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
**750.00**

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Shinichi Furuhashi
Examiner Name	Not Yet Assigned
Art Unit	N/A

Attorney Docket No. H9876.0074/P074

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)				
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account								
Deposit Account Number <b>04-1073</b>								
Deposit Account Name <b>Dickstein Shapiro Morin &amp; Oshinsky LLP</b>								
The Director is hereby authorized to: (check all that apply)								
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments						
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application								
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.								
FEE CALCULATION								
1. BASIC FILING FEE								
Large Entity		Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid		
1001	750	2001	375	Utility filing fee	750.00			
1002	330	2002	165	Design filing fee				
1003	520	2003	260	Plant filing fee				
1004	750	2004	375	Reissue filing fee				
1005	160	2005	80	Provisional filing fee				
<b>SUBTOTAL (1)</b>		<b>(\$)</b>		<b>750.00</b>				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE								
Total Claims		Extra Claims	Fee from below	Fee Paid				
8		-20** =	<input type="text"/> x <input type="text"/> =	0.00				
Independent Claims		2	-3** =	<input type="text"/> x <input type="text"/> =	0.00			
Multiple Dependent				<input type="text"/> =				
Large Entity		Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description				
1202	18	2202	9	Claims in excess of 20				
1201	84	2201	42	Independent claims in excess of 3				
1203	280	2203	140	Multiple dependent claim, if not paid				
1204	84	2204	42	** Reissue independent claims over original patent				
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent				
<b>SUBTOTAL (2)</b>		<b>(\$)</b>		<b>0.00</b>				
*Reduced by Basic Filing Fee Paid								
				<b>SUBTOTAL (3)</b>	<b>(\$)</b>		<b>0.00</b>	

\*\* or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082	Telephone (202) 775-4742
Signature	<i>M.J. Thronson</i>		Date	July 22, 2003